

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

He Cor

Application : 10/18/250

Examiner : Patel

GAU : 3765

From: BAB/ct

Location: IDC  FMF  FDC

Date: \_\_\_\_\_

Tracking #: \_\_\_\_\_

Week Date: \_\_\_\_\_

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>11/7/04</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original claim 11 (final claims) depends on  
original claim 10 (final claim 4) please Rush.

Thank you  
at

[XRUSH] RESPONSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04